

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 5-19-03.

### I. DISPUTE

Whether there should be reimbursement for CPT codes L0180, L0172, L0120, E0748 and E1399.

### II. FINDINGS

The respondent denied reimbursement based upon "Contracted Provider." The provider contends they are not a contracted provider; therefore, they will be reviewed in accordance with *Medical Fee Guideline*.

### III. RATIONALE

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MARS (Maximum Allowable Reimbursement)	Reference	Rationale
6-24-02	L0180	\$400.00	\$340.00	C	DOP	General Instructions GR III Durable Medical Equipment GR (VIII) and (IX)	Requestor supported service per MFG; therefore, additional reimbursement of \$60.00 is recommended.
6-24-02	L0172	\$195.00	\$173.53	C	DOP		Requestor supported service per MFG; therefore, additional reimbursement of \$21.47 is recommended.
6-24-02	L0120	\$50.00	\$44.96	C	DOP		Requestor supported service per MFG; therefore, additional reimbursement of \$5.04 is recommended.
6-24-02	E1399	\$239.00	\$203.15	C	DOP		Requestor supported service per MFG; therefore, additional reimbursement of \$35.85 is recommended.
7-11-02	E0748	\$5000.00	\$4250.00	C	DOP		Requestor supported service per MFG; therefore, additional reimbursement of \$750.00 is recommended.
7-11-02	L0180	\$400.00	\$340.00	C	DOP		Requestor supported service per MFG; therefore, additional reimbursement of \$60.00 is recommended.
TOTAL							The requestor is entitled to reimbursement of <b>\$932.36</b> .

#### **IV. DECISION & ORDER**

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is** entitled to reimbursement for CPT codes, L0180, L0172, L0120, E0748 and E1399, in the amount of **\$ 932.36**. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby **ORDERS** the Respondent to remit **\$932.36** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 28<sup>th</sup> day of April 2004.

Elizabeth Pickle  
Medical Dispute Resolution Officer  
Medical Review Division